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Fee Transmittal Form	Drawing(s)	After Allowance Commu	nication to TC
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After Final	Provisional Application Power of Attorney, Revoca	tion Proprietary Information	
Affidavits/declaration(s)	Change of Correspondence	e Address Status Letter Other Enclosure(s) (plea	es Identify
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Incomplete Application Reply to Missing Parts	19 forms accompany this general to questions.	ransmittal form. Please call 302-351-3323 with	any
under 37 CFR 1.52 or 1.53	quodino.		
	TURE OF APPLICANT, ATT	ORNEY, OR AGENT	
Firm Name Gomez International Pate	ont Office		
Signature Sugar	Somber		
Printed name Brian A. Gomez	7		
Date June 28,	2006	Reg. No. 44,718	
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This collection of information is required by 37 CFR 1.5. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, Including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number 10/521,846 Application Number CHANGE OF January 18, 2005 CORRESPONDENCE ADDRESS Filing Date Application Motohiro Yamahara First Named Inventor 1774 Art Unit Address to Commissioner for Patents Unknown **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 Sharo-1 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with ~ **Customer Number:** 54884 OR Firm or Individual Name **Address** City Zip State Country Telephone Email This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124) I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 44,718 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number\_ Signature Typed or Printed Brian A. Gomez Name Telephone 302-351-3323 Date June 28, 2006 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below-

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